

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES  
(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NRSC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C00027466</b>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>ACQUIRE DIGITAL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2016	
Mailing Address <b>512A EAST IRIS DR</b>		Amount 8000.00	
City <b>NASHVILLE</b>	State <b>TN</b>	Zip Code <b>37204</b>	Transaction ID : <b>SE24-1.0001</b>
Purpose of Expenditure <b>DIGITAL MEDIA PRODUCTION</b>		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2016
Name of Federal Candidate <b>MARGARET HASSAN</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought <b>2818953.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>ACQUIRE DIGITAL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2016	
Mailing Address <b>512A EAST IRIS DR</b>		Amount 8000.00	
City <b>NASHVILLE</b>	State <b>TN</b>	Zip Code <b>37204</b>	Transaction ID : <b>SE24-1.0002</b>
Purpose of Expenditure <b>DIGITAL MEDIA PRODUCTION</b>		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2016
Name of Federal Candidate <b>CATHERINE CORTEZ MASTO</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought <b>2956808.29</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 16000.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jay Baining

Signature

Date

MM / DD / YYYY  
09 / 02 / 2016

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 2 OF 2

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NRSC</b>		FEC IDENTIFICATION NUMBER <b>C C00027466</b>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>DEL RAY MEDIA</b>		Date of Public Distribution/Dissemination 09 / 02 / 2016	
Mailing Address <b>1427 LESLIE AVE.</b>		Amount <b>8280.80</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22301</b>	Transaction ID : <b>SE24-1.0003</b>
Purpose of Expenditure <b>DIGITAL MEDIA PRODUCTION</b>		Category/Type	Date of Disbursement or Obligation 09 / 01 / 2016
Name of Federal Candidate <b>CATHERINE CORTEZ MASTO</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought <b>2956808.29</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ **8280.80**

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures..... ▶ **24260.80**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jay Bunning

Signature

Date

09 / 02 / 2016

**Via FAX**

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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N/A PREPARER	N/A DATE PREPARED

(8/2013)